

PATENT NUMBER

<p>O.I.P.E.</p> <p>TR SCANNED</p> <p>Am</p> <p>ca</p>	<p>PATENT DATE</p>
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	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	_____ (Assistant Examiner) _____ (Date)			<b>NOTICE OF ALLOWANCE MAILED</b>	
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